



**Practitioner Consultation Report**  
**(Complete and return in SEALED envelope with Correctional Officer)**

C  
P  
T

Reference #	Date of Service 4/12/2018	
Inmate: Regina Williams	Inmate ID: 86529	DOB: 08/08/1968
Facility: CCC	Facility ID: 915	Phone: 660-646-4032
Practitioner: Physical Therapy	Practitioner Type: Physical Therapy	Location: Cameron Regional Medical Center
*** See Attached Consultation Request for Health Services Authorized *** <i>For security reasons inmates must NOT be informed of recommended treatment or possible hospitalization. Due to security considerations, all recommended tests and treatments are to be scheduled by Corizon.</i>		

Review of Case (Chief complaint, exam findings, etc.):

*See initial evaluation.  
 Recommend further physician evaluation,  
 Pt unable to tolerate physical therapy @ this time.*

Diagnosis and Prescription Suggestions (To be reviewed by Corizon Medical Director):

Can equivalent medication substitution be used?  Yes  No      Follow-up needed?  Yes  NO

If follow up needed, explain:

*Linda Hass P.T.*

Practitioner Name (Print)

*ATL/RV*

Practitioner Signature

Date

To be completed by Corizon practitioner

Recommendation after review of consultant's report:  No further action  Implement the following

Implement:

*Jeri LaBlanc NP Terri LaBlanc NP*

Corizon Practitioner Name (Print)

Corizon Practitioner Signature

*4/13/18*

Date



#86529

Current Date: 04/12/18	Current Time: 0919	Patient Account # 1566091	Medical Record # 237836
Patient Name: WILLIAMS REGINA *	D.O.B. 08081968	Patient Age: 49	Gender F
Physician: LABLANCE T	Family Physician: DECASTRO E		

**LUMBAR SPINE EVALUATION**

Date: 4/12/18      Time: 09:19      Diagnosis: CHRONIC BACK PAIN/DJD/BULGING DISC X2/STENOSIS

**SUBJECTIVE**

Duration, location, and nature of pain: CHIEF COMPLAINT OF LB PAIN AND RT BUTTOCK, ALTERED SENSATION IN RT LE DUE TO GSN, INTERMITTENT SHARP PAINS IN RT LE TO FOOT. KNEE SURGERY 2015, REPAIR OF MCL/MENISCAL/PATELLAR DEBRIDEMENT. USES CANE AND W/C AT FACILITY. LBP STARTED IN JUNE, STEROIDS, RESUMED WORKOUT ACTIVITY UNTIL 2.5 MONTHS AGO GRADUALLY INCREASED PAIN/WEAKNESS.

Any specific stain, overuse, or trauma? NO MRI WITH L1 NARROWING, L4-L5 BULGING. 7 STEROID SHOTS, 30 DAY PREDNISONE, MEDROL DOSE PACK, 2 ROUNDS OF MM RELAXERS, AND NOW TAKING TRAMADOL. PAIN RATING 8/10. 2 MONTHS REPORTS PROBLEMS WITH INCONTINENCE.

What makes worse? WALKING/SITTING/ BENDING/ COUGHING.

Received/Date Steeter 4/12/18

Entered MARS/Date

Reviewed/Date 4/12/2018

Plan

Numbness or tingling? DECREASED SENSATION RT THIGH/LE SINCE 18 Y.O

History of condition, injury, onset, and treatment: NO PRIOR THERAPY FOR LB. ATTRIBUTES LB PROBLEMS TO HISTORY OF DOMESTIC VIOLENCE.

Other: PMH: HTN, TACHYCARDIA,

TESTS: MRI TAKEN 2 WKS AGO.

MEDICATIONS: TRAMADOL/NAPROXEN/ BP MEDS, STOOL SOFTNERS.

HOME ENVIRONMENT: INCARCERATED CURRENTLY.

PRIMARY COMPLAINT: CHIEF COMPLAINT OF LBP WITH DECREASED MOBILITY, ACTIVITY INCREASES PAIN.

**OBJECTIVE**

OBSERVATION: 49 Y.O FEMALE. PRESENTS TO P.T. IN W/C THIS DATE.

POSTURE: LEANS UPPER BODY TO LT IN CHAIR, TO DECREASE WB TO RT GLUTEAL/BUTTOCK DUE TO REPORTED PAIN.

PALPATION MODERATE HYPERSensitivity TO PALPATE LUMBAR SPINE L1-S1 CENTRALLY, RT LUMBAR PARASPINALS AND NUMBNESS REPORTED OVER RT SCIATIC/GLUTEAL REGION.

**TRUNK AROM**

Flexion	30-35 DEG FB PAIN
Extension	UNABLE PAIN.
(L) Side Flexion	UNABLE DUE TO PAIN
(R) Side Flexion	UNABLE DUE TO PAIN
(L) Rotation	UNABLE DUE TO PAIN
(R) Rotation	UNABLE DUE TO PAIN

Current Date: 04/12/18	Current Time: 0919	Patient Account # 1566091	Medical Record # 237836
Patient Name: WILLIAMS REGINA +	D.O.B. 08/08/1968	Patient Age: 49	Gender F
Physician: LABLANCE T	Family Physician: DECASTRO E		

Repeated AROM: UNABLE TO PERFORM

Passive ROM:

Does side gliding alter symptoms?

Reflexes: Patellar: HYPER REFLEXIVE BI. Achilles: \_\_\_\_\_  
 SLR Test: Sitting: + SLR RT, NEG LT, Supine: \_\_\_\_\_  
 Sensation:

Strength ANKLE RT 4+/5 DF/PF, LT 5/5 DF/PF. LT KNEE 5/5 FLEX/EXT, RT KNEE: 4/5 WITH LB PAIN. HIP FLEXION LT 5/5, RT 4/5 WITH LB PAIN.

Gait: PATIENT AMBULATED 40 FEET WITH FWW SBA X1, AND 40 FEET WITH SPC SBA X1, V/C TO USE OPPOSITE RT LE, OBSERVED AMBULATING 60 FEET TO BATHROOM WITH SPC/GUARD ASSISTED. MILD LIMP NOTED.

Other: AROM OF LT KNEE/ANKLE WFL'S. AROM OF RT ANKLE WFL, PAIN WITH LT KNEE EXTENSION, FUNCTIONAL ROM NOTED RT KNEE WITH PAIN. OSWESTRY DISABILITY SCORE: 75.5%

### ASSESSMENT

RESPONSE TO TREATMENT: PATIENT DID NOT TOLERATE EVALUATION, BECAME NAUSEOUS WITH INCREASED LBP AND UNABLE TO COMPLETE FULL EVALUATION-RECLINED SUPINE, VITALS TAKEN: 142/95, 98.4 O2, 81 HR.

PROBLEM LIST: LOW BACK PAIN, WITH RADICULOPATHY RT LE, MILD WEAKNESS RT LE, ALTERED GAIT/MOBILITY.

STG: 1. INITIATE HEP/WALKING PROGRAM FOR LB. EDUCATE ON PROPER TRANSFER FOR SUPINE TO SIT AND SIT TO STAND. EDUCATE IN APPROPRIATE USE OF SPC.

LTC: 1. PATIENT WILL BE INDEPENDENT AND COMPLIANT WITH HEP/WALKING PROGRAM AS TOLERATED AT FACILITY.

### PLAN

FREQUENCY AND DURATION: RECOMMEND CONSULTATION WITH SPECIALIST FOR LB AT THIS TIME, UNABLE TO TOLERATE P.T. SESSION.

TREATMENT: EVALUATION LOW COMPLEXITY, 9:19-10:15 INSTRUCTION VERBALLY IN THER EX'S FOR LB, SKTC WITH TOWEL, PELVIC TILTS, AND LIMITED LTR SUPINE AS TOL, EDUCATED IN LOG ROLLING FOR SUPINE TO SIT TRANSFER TO DECREASE STRESS TO LB, AND USE OF UE'S FOR SAFE SIT TO STAND, ENCOURAGED SHORT DISTANCES OF WALKING AT FACILITY WITH SPC AS TOLERATED, AND INSTRUCTED IN GAIT USING CANE OPPOSITE RT LE FOR SUPPORT. ALL ACTIVITIES THIS DATE LIMITED DUE TO LB PAIN, RECOMMEND SPECIALIST REFERRAL/CONSULT FOR LB AT THIS TIME. PATIENT UNABLE TO PARTICIPATE WITH P.T.

Education AS ABOVE, CONSULT SPECIALIST RE: POTENTIAL FOR EPIDURAL FOR LB PAIN.

- FALL PREVENTION
- HOME EXIT/ENTRANCE MANAGEMENT
- STAIR AMBULATION
- BALANCE

- HOME SAFETY
- AD INSTRUCTIONS
- GAIT
- LEVELS OF ASSISTANCE PROVIDED BY FAMILY MEMBERS

ELECTRONICALLY VIEWED AND SIGNED BY: LINDA HESS RPT.

SIGNED BY: [Signature]

4/12/18

DATE: 4/12/18

TIME: 10:15

DATE: [ ] TIME: [ ]

CAMERON REGIONAL MEDICAL CENTER  
CAMERON, MO 64429

NAME NUMBER SEX AGE ADMIT DISC. XRAY# F/C TYPE  
WILLIAMS REGINA + 1561907 F 49 3/21/18 3/21/18 55779 CB4 O/P  
DATE OF BIRTH: 08/08/1968 M/R# 237836 PH#: 660-646-4032 RM

LOCATION: TRANSCRIBED: 03/21/18 14:26 INT  
MR LUMBAR SPINE WO CONTRAST \* 72148 COMPLETED: 03/21/18 14:26 ife 70451  
Reason for Procedure: back pain

PHYSICIAN: LABLANCE T

PATIENT MR#: 237836  
PATIENT ACCT#: 1561907  
PATIENT NAME: WILLIAMS, REGINA  
DATE OF BIRTH: 08/08/1968  
REFERRING PHYSICIAN: TERRI LABLANCE  
EXAM DATE: 3/21/2018  
ACCESSION NUMBER: 197045120180321  
EXAM DESCRIPTION: MR LUMBAR SPINE WO CONTRAST \*  
MRI LUMBAR SPINE WITHOUT CONTRAST

DATE: 3/21/2018 1:20 PM

Received>Date Steeter 3/23/18  
Entered MARS>Date \_\_\_\_\_  
Reviewed>Date TYC 3/23/2018  
Plan \_\_\_\_\_

INDICATION: Back pain rectal sphincter hypotonia

TECHNIQUE: Magnetic resonance imaging of the lumbar spine was performed to evaluate the spinal canal and contents. No IV contrast was administered.

COMPARISON: None.

FINDINGS:

Alignment: The alignment of the lumbar spine appears maintained. No significant subluxation.

Marrow signal: The marrow signal of vertebral bodies appears within normal limits. No marrow edema identified to suggest an occult fracture. No marrow replacing lesions.

Vertebral body heights: Appear maintained.

Conus: The conus appears unremarkable. Located in normal position.

Lower thoracic discs: Mild degenerative changes

L1-L2: There is no significant disc bulge or herniation. There is no significant spinal stenosis.

L2-L3: Disc desiccation. 2 mm annular bulge. Facet arthropathy. Mild foraminal narrowing.

L3-L4: Loss of disc height. Disc desiccation. 3 mm annular bulge. Central canal 8 mm. Facet arthropathy. Mild to moderate central and foraminal stenosis.

L4-L5: Disc desiccation. Loss of disc height. Central canal 6 mm. Facet arthropathy. Thickening of the ligamentum flavum. Moderate central foraminal stenosis greater on the left

L5-S1: Disc desiccation. Posterior annular fissure. Facet arthropathy. 3 mm disc protrusion. Central canal 7 mm. Moderate central mild foraminal stenosis

Visualized sacral spine: Where visualized appears unremarkable.

3 mm diameter hyperintense process identified involving the filum terminale extending the length of the lumbar spine most consistent with a lipoma.

2.6 cm left adnexal cystic structure. Fluid within the endometrial canal.

**IMPRESSION:**

1. Moderate diffuse lumbar spondylosis. Multilevel disc degeneration and facet arthropathy.
2. Moderate to stenosis of L4-L5 and L5-S1
3. Multilevel foraminal stenosis
4. Filum terminale lipoma as described
5. 2.6 cm left adnexal cyst. Fluid within the endometrial canal. Pelvic ultrasound recommended.

Electronically Signed By: Michael Green, DO, Signed On: 3/21/2018 2:22 PMAR-DELL

Read by: Dr. Michael Green, DO  
Transcribed by:  
Transcribed Date:  
Electronically signed by: Dr. Michael Green, DO  
Date signed: 3/21/2018 2:25:48 PM

**LUMBAR SPINE: THREE VIEWS**

PURPOSE OF EXAM: pain, urinary incontinence

AP, lateral and coned-down views are submitted. Prior exam of 09/27/17 is reviewed. Five presacral lumbar vertebral segments are seen with minimal rotoscoliosis. Subtle spondylosis is present along the lumbar vertebral body margins. Focal lytic or blastic changes are not apparent. Some sclerotic changes are suggested in the posterior facets at the L4-5 and L5-S1 level.

**IMPRESSION:**

1. MILD LUMBAR Spondylosis. NO INDICATION OF ACUTE FRACTURE OR Spondylolisthesis.

**SACRUM: TWO VIEWS**

PURPOSE OF EXAM: pain, urinary incontinence

Prior images of 09/27/17 is reviewed. There is normal bone mineral density. The SI articulations appear patent.

Acute/healing osseous injury or healed fracture deformity is not observed. Several calcifications in the pelvis are seen, unchanged from previous study. These findings may represent phleboliths. Other etiologies must be considered as well.

**IMPRESSION:**

1. UNREMARKABLE RADIOGRAPHIC APPEARANCE OF THE SACRUM.
2. STABLE APPEARANCE OF PELVIC CALCIFICATIONS.

KENT MCNUTT, DO/lae

5519301-CCC WILLIAMS,086529

11/15/17

CERVICAL SPINE: THREE VIEWS

PURPOSE OF EXAM: pain with flexion of neck

Lateral, AP and odontoid views are submitted. Prior studies or reports are not available for comparison. There is flattening of the cervical curvature. Subtle marginal hypertrophic changes are observed. Disc space narrowing is present at C5-6. Slight torticollis is seen on the AP image. The lateral masses of C1 and C2 align appropriately. The occiput is seen superimposing the odontoid.

IMPRESSION:

1. MILD CERVICAL VERTEBRAL Spondylosis WITH DEGENERATIVE DISC C5-6.

2. NEGATIVE FINDINGS FOR ACUTE FRACTURE OR Spondylolisthesis.

KENT MCNUTT, DO/lae

OCCIPUT - The neck is held in the skeletal + torticollis position by the trapezius and levator scapulae.

bilateral radiculopathy

60°  
121°  
214°

**LUMBAR SPINE: THREE VIEWS**

PURPOSE OF EXAM: persistent back pain with crepitus  
AP, lateral and coned-down views are submitted. Mild  
levorotoscoliosis is present through the lumbar segments.  
Subtle marginal hypertrophic changes are seen. Focal lytic  
or blastic changes are not evident.

**IMPRESSION:**

1. SUBTLE LUMBAR SPONDYLOYSIS AS ABOVE. NO INDICATION OF ACUTE FRACTURE OR SPONDYLOLISTHESIS.

**SACRUM: TWO VIEWS**

PURPOSE OF EXAM: persistent back pain with crepitus  
The bony structures are intact with no fracture. SI joints  
appear intact. A calcification is present in the left  
pelvic region, etiology is uncertain. This may represent a  
phlebolith though other etiologies must be considered.

**COCCYX: TWO VIEWS**

PURPOSE OF EXAM: persistent back pain with crepitus  
The bony structures are intact with no fracture nor  
dislocation. Several pelvic calcifications are seen on the  
angled projection indicative of phleboliths. Somewhat  
irregular calcifications are present in the left  
hemipelvis, exact etiology is undetermined. Comparison to  
prior studies may be helpful to establish long-term  
stability. If further investigation is desired CT may be a  
more sensitive imaging modality.

KENT MCNUTT, DO/lae



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INFORMAL RESOLUTION REQUEST

RECEIVED  
MAY 22 2018

18-4120

INSTITUTION USE ONLY

EMERGENCY COMPLAINT

OFFENDER NAME

WILLIAMS, REGINA

DATE STAFF RECEIVED IRR

05-21-2018

COMPLAINT NUMBER

CCC-18-420

DOC NUMBER

86529

CATEGORY

5-MEDICAL

HOUSING UNIT  
7B109D

COMPLAINT - ONE ISSUE - BE SPECIFIC

STATE YOUR PROBLEM BRIEFLY

See Attached  
Papers

ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

STAFF USE ONLY

DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

Discussed Concerns

IRR RESOLVED BY DISCUSSION/WITHDRAWN

OFFENDER SIGNATURE

Regina Williams

DATE

IRR NOT RESOLVED BY DISCUSSION

STAFF SIGNATURE

Stearna R. HFA

DATE

7/13/18

STAFF FINDINGS/RESPONSE

See Attached

INVESTIGATING STAFF SIGNATURE

Regina Williams

DATE

7/13/18

RESPONDENT SIGNATURE

Stearna R. HFA

DATE

7/13/18

REVIEWER SIGNATURE

J. Lock Agt Au#11354

DATE

07/19/2018

RESULTS

SATISFACTORY

UNSATISFACTORY

YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.

OFFENDER SIGNATURE

Regina Williams

DATE

7/20/18

18-420

Issue Retaliation by DR. Bredeman DO/OB  
in the Name of CORiZON

oblem on the 18 of may 2018 provider LaBlance received a E-mail enmay 18 2018 along with me having a appointment at 8:00 AM. The Email stated from DR. Bredeman DO/OB is taking away my tramadol 50 mg x daily totaling 150 mg 1 at 8:00 AM & at 4:00pm. The Email stated that I could not be on tramadol and neurotin at the same time.

The fact of the matter is; DR Bredeman DO/OB authorized on march 26 2018 the Tramadol 50 1 morning 1 night. Then on April 16 2018 DR. Bredeman Authorized Neurotin 300 mg morning and night Then on may 2 2018 DR. Bredeman Authorized while already on 100mg of tramadol and 1600mg total daily, apprond 50 mg more of tramadol totaling 150mg. SO Before Authorizing all 3 dosage changes was acceptable until DR. Bredeman was notified of my SRR on may 17 2018 and then the medication suddenly became contraindicated. tramadol is for moderate to severe pain.

also pain medication doesn't help nerve pain. Neurotin is a Nerve block and is used for nerve pain in adults

18  
420

The events occurring The week of may 14, 2018  
through may 18 2018 Will Show the Blatant  
Retaliation ~~of~~ for filling a DRR.

Monday May 14 2018 I turned in my DRR to my  
Case Worker for a denial of treatment  
of a diagnosed condition

Tuesday May 15 2018 saw provider LaBlance  
for a increase of Neurontin to 400mg Because  
she can only increase Neurontin every 30 days  
until a achieved amount. (She Said.)

Wednesday May 16 2018 I received the <sup>new</sup> 400 mg at windows  
morning and evening also I paid for my  
medical Records 138.20 for law suit.

Thursday May 17 2018 I received <sup>new</sup> 400 mg Neurontin and  
tramadol also medical called me to discuss  
my IRR it was just turned in 3 days prior.  
Dr Bredeman got involved told DON that "I did  
not meet the criteria for a specialist" Verbatim  
Mrs Corbin. I chose Not Resolved

Friday May 18 2018 provider LaBlance was scheduled  
to see me by someone in corian at 8:00 am  
when she saw me she told Dental it won't  
be but a minute cause she just saw  
me a couple Days Ago. Then to her surprise  
Dr Bredeman Email was there revoking  
one of the medications saying I can't have  
both. Both of us in Dis may because she  
apparently has no idea what she is talking about or (B)

18-420

Not only had the med Windor been giving me the 400mg dosage since wednesday evening But then I IRRED Then DR Bredeman P/OB Retaliated ~~and~~

now 99%  
not random  
but took  
the back  
down to  
300mg  
never

The facts are the facts and Any <sup>be added to</sup> person will see them as what happened. Dr. Bredeman is inflicting intentional cruel and unusual punishment and Deliberate indifference. Dr. Bredeman's P/OB continual denial of granting me access to a specialist who is qualified to address my pain and medical condition, along with ignoring my sufficiently serious medically diagnosed condition that significantly changes the quality of life I had before the <sup>Dr. Bredeman</sup> diagnosed condition. The extreme pain and the series of cumulative repeated Denials of medically requested procedures and on request of a need for a specialist. The Act of Retaliation is against federal and state law Coupled with Dr. Bredemans P/OB intentional infliction of pain and severe discomfort with no choice but to use the wheel

Chair my quality of life has been Severely affected for almost one year. The eighth Amendment of the Constitution protects me from these acts and therefore place a Civil Right Violation (Also still I am only Receiving 300 mg of the most Neurotin this week) <sup>per week</sup> ~~per month~~ <sup>is the most</sup> ~~is the least~~ <sup>possible</sup> ~~possible~~ <sup>side</sup> ~~side~~ <sup>to</sup> ~~to~~ <sup>x</sup> to be sent to a Neurologist per Requested by Cameron Hospital therapy along with a Requests from Provider LaBlance all ignored. To carry out the Specialists orders. To increase the Neurotin Dosage to compensate for the <sup>10% of</sup> Tamadol as 400 mg Does not even touch the pain or nerve pain I am in leaving pain as all I have for a quality of life. No further Retaliation See Amended paper:

8652

Continued: I would like to change my TB  
desired result from a adequate dose of  
neurotin to No Neurotin I can not take this  
medication by itself or increased even though  
it helps the nerve pain. I Can't Sleep my legs cramps

Case 5:19-cv-06018-GAF Document 1-1 Filed 02/12/19 Page 14 of 38

10  
11  
12

on may 21 2018 after self-declaring  
on the evening of the 20 of may,  
Not sleeping since <sup>the</sup> Thursday even  
then not good. After taking of the  
tramadol the intense pain I have  
been suffering & can't walk I can't  
sit now I can't lay down it feels  
like I have bugs in my legs. I  
am miserable the neurotin was  
changed to 8:00pm. Since then  
I can't sleep my legs feel full  
of bugs my mental health is severely  
being affected by all of this  
I had to refuse so called therapy.  
in ICU today how in the world when  
you took the pain med am I  
Suppose to do therapy I refused  
neurotin this morning I have  
been off all mental health drugs  
for all of my diagnosed disorders  
for one & 5 years after doc 29  
classes I have worked very hard  
to learn to cope with life. I'm  
beginning to drowned I am seeing  
the mental health phyc doctor  
Wednesday DR. Bederman cruel  
decision to decide I don't meet  
criteria for Medical health is in-  
human Review -

## Informal Resolution Request Response

**To:** Regina Williams #86529

**Institution:** CCC

**IRR Number:** CCC 18-420

**Date of IRR:** 5/21/18

Your IRR has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: "to be sent to a neurologist".

Subsequent to review and investigation, the results are as follows; on 3/23/18 the nurse practitioner placed a referral for a neurology consult. She noted you have complained of back pain for eight months and were given a home exercise plan seven months ago. You reported not being able to conduct the home exercise plan due to pain. It was determined medical necessity for the consult was not met. It was noted your MRI showed no cord compression. It was recommended you be placed on duloxetine and start formal physical therapy. You were approved for formal physical therapy on 3/29/18. You were seen by the physical therapist on 4/12/18. They noted you were unable to tolerate the therapy. They issued you a home exercise plan and advised you complete the exercises in pain free ranges. She also encouraged you to walk short distances and noted there was no need for follow-up. On 4/16/18 the nurse practitioner placed another referral for neurology. It was again determined the medical necessity was not met for the consult. It was recommended that your pain be controlled with non-narcotic medication and once you pain was better to re-initiate the physical therapy.

At this time you do not meet criteria for a neurology consult. You are encouraged to increase your mobility as much as possible by conducting the home exercise program you were given and ambulating.

In conclusion, it appears your medical needs were being met appropriately.

If your medical condition changes please address any concerns through the sick call process at your facility.

5/22/18

Date Received

07/13/2018

Date of Response



Sterling Ream, RN, H.S.A.

**Complaint : IX**

## Grievance Response

**To:** Regina Williams #86529

**Institution:** CCC

**Grievance Number:** CCC 18-420

**Date of Grievance:** 7/23/18

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: "to be sent to a neurologist".

Subsequent to review and investigation, the results are as follows: on 3/23/18 the nurse practitioner placed a referral for a neurology consult. She noted you have complained of back pain for eight months and were given a home exercise plan seven months ago. You reported not being able to conduct the home exercise plan due to pain. It was determined medical necessity for the consult was not met. It was noted your MRI showed no cord compression. It was recommended you be placed on duloxetine and start formal physical therapy. You were approved for formal physical therapy on 3/29/18. You were seen by the physical therapist on 4/12/18. They noted you were unable to tolerate the therapy. They issued you a home exercise plan and advised you complete the exercises in pain free ranges. She also encouraged you to walk short distances and noted there was no need for follow-up. On 4/16/18 the nurse practitioner placed another referral for neurology. It was again determined the medical necessity was not met for the consult. It was recommended that your pain be controlled with non-narcotic medication and once your pain was better to re-initiate the physical therapy. On 8/3/18 you were seen by NP LaBlance to discuss your pain medication. You reported continual difficulty with ambulation due to back pain with radiculopathy. You did report continuing to work on improving on your HEP.

At this time you do not meet criteria for a neurology consult. You are encouraged to increase your mobility as much as possible by conducting the home exercise program you were given and ambulating.

In conclusion,

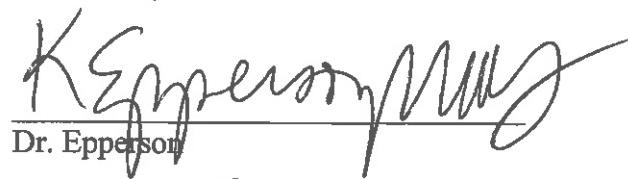
It appears your medical needs have been met. If your medical condition changes please address any concerns through the sick call process at your facility.

7/25/18  
Date Received

8/10/18  
Date of Response



Sterling Ream, RN, HSA



Dr. Epperson



C. M. 8-28-18



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE

RECEIVED  
GRIEVANCE NUMBER  
JUL 25 2018

18-420

DUE DATE: 09-01-2018

IRR NUMBER  
CCC-18-420

DATE FILED  
07-23-18

INSTITUTION USE ONLY

By Medical mrg

OFFENDER LAST NAME	FIRST	DOC NUMBER	HOUSING UNIT	UNIT	INSTITUTION
WILLIAMS, REGINA		86529	7A	101	CCC

OFFENDER GRIEVANCE/REQUEST

This Response is Verbatim to the Response I received for Grievance number CCC-18-39. Dr. Brudeman Retaliated for my grievance 18-39. The Dates and times are completely mapped out. Retaliation is against my constitutional Right taking away the Tamadol that he okay along with the Neurontin he also delayed directly after he was notified of my grievance along with me paying for my medical Records and sending them to a lawyer. Dr. Brudeman Retaliated and we will leave it to the courts to decide mean while leaving me in constant pain and my quality of life So diminishes.

SUPERINTENDENT SIGNATURE

*R. Williams*

DATE

7.23.18

SUPERINTENDENT RESPONSE

SUPERINTENDENT/SECTION HEAD

*J. M. Hu 113966*

DATE

8-28-18

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

I ACCEPT THIS DECISION

I APPEAL THIS DECISION

OFFENDER SIGNATURE

DATE

and  
247bs  
from not  
being to  
see the  
quality  
of life  
I had  
prior  
to this  
at 2016.

that I am back on mental health medication and seeing a therapist for the way of life I am being forced to settle with is cruel and unusual punishment and his retaliation is Blatent and Self explanatory as you Read the Breakdown of how the Retaliation went down.

Regina Williams  
84529

**OFFENDER GRIEVANCE APPEAL  
RESPONSE**

**TO:** Williams, Regina #86529

**INSTITUTION:** Chillicothe Correctional Center

**GRIEVANCE:** CCC-18-420

**DATE OF APPEAL:** September 04, 2018

Your grievance appeal has been received and reviewed. As well, your medical record has been reviewed. The purpose of is to assure that timely and appropriate healthcare has been provided to you. This assessment of your medical needs may differ from your personal desires.

I understand your one original IRR complaint to be you contend that you are requesting to be sent to a neurologist.

Upon review of your medical record, grievance records and investigation of your concern I found you have received ongoing care and treatment for your complaint of back pain. It is noted that a home exercise plan was implemented several months ago and you were instructed to walk short distances. It is noted that you have been closely followed by the medical staff for your pain management and physical therapy. Your records show appropriate care and treatment has been given to include follow-up care. I found that your medications/pain medication have been adjusted when medically indicated by your physician/ provider. Your record notes that your MRI showed no cord compression. A referral for neurology was not medically indicated/met for consult at this time.

**Conclusion:** Based on the above information, your Grievance Appeal is not supported, as outlined above. Your record shows appropriate care and treatment for your medical/mental health issues by licensed, qualified healthcare professionals with many years of experience. We rely upon the independent, discretionary medical judgment of the site physicians to determine what care, medication and treatment is needed.

This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

September 11, 2018      September 25, 2018  
Date Received      Date of Response

  
J. Cofield  
Director Operations, Constituent Services

  
T. Bredeman, D.O. Assoc. Regional Medical Director



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE APPEAL

18-420

OFFENDER NAME (LAST NAME, FIRST)

Williams Regina

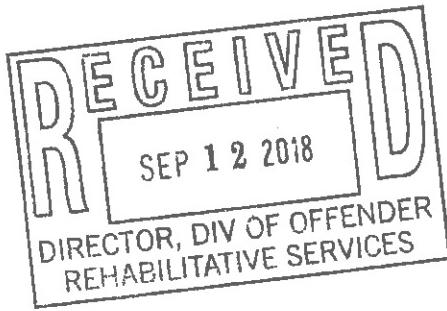
REASON FOR APPEAL

The reason for appeal is because none of what I grieved was addressed. DR. Blodiman Retaliated and abruptly stopped my Tramadol and Nurotin both are for the same issue but different reason Nurotin address nerve the tramadol. The back pain. I didn't take the tramadol everyday only when needed. The time line I mapped out in my IRR. It is cruel and unusual punishment to continue to leave me in pain and placed in a wheelchair to where my quality of life has diminished to bed and little movements. The pain and suffering has left me to seek mental health, for depression, ect. I am ambulating and doing the H.P. if for nothing more than to try and keep my sanity. I may be in prison but do not deserve to be left in constant pain nerve pack pain.

Williams

RESPONSE

DATE 9-4-18



SIGNATURE

DATE

Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40

OFFENDER SIGNATURE

DATE

You are denying me medical care. Specialty doctors are apart of my medical needs constant chronic pain is cruel and Unmoral punishment. Dr. Bredinian approved my tramadol and mirotin for months until I IRR'd the care then he instantly stopped it.

To say you can't be on both is an excuse There are numerous offenders on tramadol I have a list of people that I will provide in my law suit. You R Medical doctor DR. Bredinian has knowlily and Blantently Retaliated and stopped my pain medicine and refused the Neurologist even though on the physical therapy from Cameron they recommended the Neurologist. What Colizon is doing is against my 8<sup>th</sup> Amendment, <sup>a</sup> <sup>protecting</sup> <sup>individuals</sup> <sup>from</sup> <sup>unlawful</sup> <sup>regulations</sup>



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
INFORMAL RESOLUTION REQUEST

18-397

INSTITUTION USE ONLY

 EMERGENCY COMPLAINT

OFFENDER NAME <i>Williams, Reawa</i>	DOC NUMBER <i>86529</i>		
DATE STAFF RECEIVED IRR <i>05-14-2018</i>	COMPLAINT NUMBER <i>CCC-18-397</i>	CATEGORY <i>5-MEDICAL</i>	HOUSING UNIT <i>7B109D</i>

## COMPLAINT - ONE ISSUE - BE SPECIFIC

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## STATE YOUR PROBLEM BRIEFLY

*note book paper*

## ACTION REQUESTED: STATE REMEDIES YOU ARE SEEKING

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## STAFF USE ONLY

## DISCUSSION OF COMPLAINT (SUMMARIZE RESULTS OF MEETING)

IRR RESOLVED BY DISCUSSION/WITHDRAWN       IRR NOT RESOLVED BY DISCUSSION

OFFENDER SIGNATURE  
*B. Williams*DATE  
*5-18-18*STAFF SIGNATURE  
*R. Cochran, RN*DATE  
*5-17-18*

## STAFF FINDINGS/RESPONSE

INVESTIGATING STAFF SIGNATURE <i>SL</i>	DATE <i>5-20-18</i>	RESPONDENT SIGNATURE <i>R. Cochran, RN</i>	DATE <i>5-20-18</i>
REVIEWER SIGNATURE <i>J. J. (Lock) Atwell #716591</i>	DATE <i>06/26/2018</i>	RESULTS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	
YOU HAVE THE RIGHT TO FILE A FORMAL GRIEVANCE. YOU MUST FILE A GRIEVANCE FORM WITH THE DESIGNATED STAFF WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS RESPONSE. FAILURE TO SUBMIT A GRIEVANCE WITHIN THIS TIME FRAME CONSTITUTES ABANDONMENT.			
OFFENDER SIGNATURE	DATE		

Complaint<sup>x</sup> on May 2, 2018 I was informed by my provider mrs. Lablance That the Referral she put in for me to see a Neurologist was denied by Jefferson City Again. This was the second time Jeff City Corizon denied me to see the Neurologist. In the past year they have denied 4 different things CT Scan, MRI, & ~~2~~ Neurologist all leaving me in serious pain to where my quality of life has change dramatically to a wheel chair & pain meds.

Briefly State problem: I have been in serious pain since late June. This facility has done everything they could do. The problem is Jefferson City Corizon has left me in extreme pain 4 different procedures have been denied ignoring the obvious condition and delaying treatment X Ray showed an issue mrs. Lablance put in for a Cat Scan Jeff City said no. So she tried

18-303

to help me with several different things nothing helped she put in for MRI They said no the pain got so bad I couldn't walk couldn't sit crying so Dr. Bredman was called she did a pelvic on his call. it showed my right side of Vagina Rectum have no feeling I have less movement in my right side. she requested a MRI that went thru. the provider after the results came in put in for me to see a Neurologist that was denied said to send me to therapy I can't barely move the pain is so bad. how? I went to therapy therapy said pain was to bad therapy even put in for me to see a Neurologist so Mrs LaBlance put in

18-322

for me to see a neurologist again I was informed on May 2 2018. My quality of life has significantly changed leaving me in a "Condition of Argenacy" And putting my health at risk for permanent injury Equina Syndrome is life threatening and can cause me to be paralyzed. L-5 is very close, being herniated to the right it has the propensity to be affected at any time. Jefferson City is basing there repeated denials on non medical factors. These necessary procedures are necessary because one the provider ordered it But two I have been in constant pain for almost 1 year. I have been here 12 years its almost time for me to

78-302

leave in 2 years. I can't go to Business Customer Service Because I can't Sit for 6-7 hours. I am not supposed to be limited to laying in my Bed (literally) I again 31 lbs. I have had to stop my monthly visit because I can't sit past 10-15 min I can't cough squat dress out. its so painful. taking a shower is the worst pain I have to do that every 2 days. also I hate being on pain meds. I don't want to leave here in a wheel chair dependant on meds. I walked in. I want to walk out. Jefferson City is inflicting cruel and unusual punishment and deliberate indifference I don't deserve this.

Rsinus <sup>84529</sup>

10-303

Action Requested: to be  
Sent to a Neurologist and  
So R What ever the Orders  
to be fulfilled So I Can go  
to Vocational and get Ready  
to go into Society (although  
I Can't get back the year of  
Pain and Mental Suffering)

## Informal Resolution Request Response

**To:** Williams, Regina # 86529

**Institution:** CCC

**IRR Number:** CCC-18-397

**Date of IRR:** 5/14/2018

Your IRR has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be, "the medical provider referred you for a Neurologist consults, the referral was denied"

Subsequent to review and investigation, the results are follows; on 4/16/2018 Mrs. Lablance NP submitted a referral for neurology consult. Per UMMD: MRI reveals DJD/Foraminal stenosis no cord compression. Recommendations to treating IM pain objectively rather than subjectively with appropriate non narcotic medications and once pain is controlled re initiating PT.

In conclusion, It has been determined that your healthcare has not been delayed. You saw Mrs. Lablance NP on 5/14/2018 she reviewed your POC and she also increase your Gabapentin 400mg PO BID for pain control.

If your medical condition changes please address any concerns through the sick call process at your facility.

05/14/2018  
Date Received

5/17/2018  
Date of Response

*L Corbin RN*  
Lugenis Corbin  
Director of Nursing

Grievance Category: I II III IV V VI VII VIII IX X

18-397

## Grievance Response

To: Regina Williams #86529

Institution: CCC

Grievance Number: CCC 18-397

Date of Grievance: 6/1/18

Your Grievance has been received and reviewed as well as your medical record. The purpose of this review is to determine if medically necessary health care, as determined by your health care providers, has been provided to you. This assessment of your medical needs may differ from your personal desires.

Your concern is understood to be: the medical provider referred you for a neurologist consult, the referral was denied.

Subsequent to review and investigation, the results are as follows: on 3/23/18 the nurse practitioner placed a referral for a neurology consult. She noted your intractable pain with rectal sphincter hypotonia, moderate lumbar stenosis, annular bulging x 2, decreased mobility, and difficulty performing your ADLS. She noted you have complained of back pain for eight months and were given a home exercise plan seven months ago. You reported not being able to conduct the home exercise plan due to pain. It was determined medical necessity for the consult was not met. It was noted your MRI showed no cord compression. It was recommended you be placed on duloxetine and start formal physical therapy. You were approved for formal physical therapy on 3/29/18. You were seen by the physical therapist on 4/12/18. They noted you were unable to tolerate the therapy. They issued you a home exercise plan and advised you complete the exercises in pain free ranges. She also encouraged you to walk short distances and noted there was no need for follow-up. On 4/16/18 the nurse practitioner placed another referral for neurology. It was again determined the medical necessity was not met for the consult. It was recommended that your pain be controlled with non-narcotic medication and once you pain was better to re-initiate the physical therapy.

18-397

At this time you do not meet criteria for a neurology consult. You are encouraged to increase your mobility as much as possible by conducting the home exercise program you were given and ambulating.

In conclusion,

It appears your medical needs have been met. If your medical condition changes please address any concerns through the sick call process at your facility.

Date Received

7/12/18

Date of Response

Jenny Meehan RN

Jenny E Meehan

Dr. Epperson

K. Epperson MD

JL Meehan 7-17-18



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE

18-397

DUE DATE: 07-11-2018

GRIEVANCE NUMBER	IRR NUMBER	DATE FILED
CCC 18 397	CCC-18-397	6-1-2018

## INSTITUTION USE ONLY

OFFENDER LAST NAME	FIRST	DOC NUMBER	HOUSING UNIT	UNIT	INSTITUTION
WILLIAMS, REGINA		86529	7B	109D	CCC

## OFFENDER GRIEVANCE/REQUEST

Do the Answer given on my DPR "That treatment was not Delayed." Treatment has been "Delayed" Since The first Denial of a Cat Scan in September of 2017. Then The Denial of a MRI, then The & Denial of The Neurologist even after Cameron's hospital (Therapydept) Requested the Neurologist app also. The repeated denials leave me in constant Chronic Pain, sleeplessness and now for months in a wheelchair. The intentional act of Denying these medically nessarry procedures and also the excuse of Subjectively and objectively looking at my situation still leaves me in constant Chronic pain Which is Called cruel and unusual punishment. A Specialist is the One who should

## OFFENDER SIGNATURE

B. Williams

DATE

6/1/18

## SUPERINTENDENT RESPONSE

## SUPERINTENDENT/SECTION HEAD

J. M. 13966

DATE

7-17-18

You have the right to appeal this decision to a division director. You must file an appeal form with the grievance officer within seven (7) days from the day you receive this decision. Failure to submit an appeal within this time frame constitutes abandonment of the grievance.

 I ACCEPT THIS DECISION I APPEAL THIS DECISION

## OFFENDER SIGNATURE

DATE

decide what is needed in my situation not a DO / DB. Even though you say my nerve (spinal) is not compressed as of now. That is Worst Case Scenario That is paralisis That is Equina Syndrome. I already have  
<sup>Painful</sup> Numbness and Loss of mobility + Strength from the swelling <sup>Pain</sup> But my L-5 is very close to the compression Stage At Any given moment, fall accident from Not being mobil could(propensity) go into the Stage of Equina Syndrome And Sadly our medical Staff is in no way able to get anything done quickly or efficiently as you can see in the 3 other DRPs I have pending if they don't "like" you then they will intentionally not give you care especial sharp and hallway if it came to me needing emergency anything they still wouldn't do anything to help me. So With this being said The Neurologist is specialist and is the man who

Should look at me and determine what is needed. Instead ~~at~~ Both the Requests to See <sup>ORR</sup> one has been denied. In my ~~guarantee~~ answer it was stated after pain control then I will start PT. I have been in pt for weeks. PT doesn't fix what's going on yes it may help me walk again but at any given moment I am back to where I began. also PT doesn't fix the Chronic pain you are intentionally leaving me in. I want and need to see a Neurologist and whatever he deems necessary I want it done. I want the cruel and unusual punishment to stop. The deliberate delaying of treatment to stop and I want no more Retaliation

Rigniz  
William  
865297B



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
OFFENDER GRIEVANCE APPEAL

18397

OFFENDER NAME (LAST NAME, FIRST)

Williams Regina

REASON FOR APPEAL

Corizon is allowing me to be in continual pain so for 1 year because the MRI shows no cord compression, cord compression can happen at any given time and is not being monitored. Since July of 2017 where I was 206 lbs. Working out I had lost several lbs trying to Rehab my knee because CCC did not give me physical therapy as request by the doctor signed on who did my knee. I went from walking running taking care of myself to a wheelchair basically in pain for everything walking standing has become slightly easier as to try to ambulate more but still with doing more the sciatic.

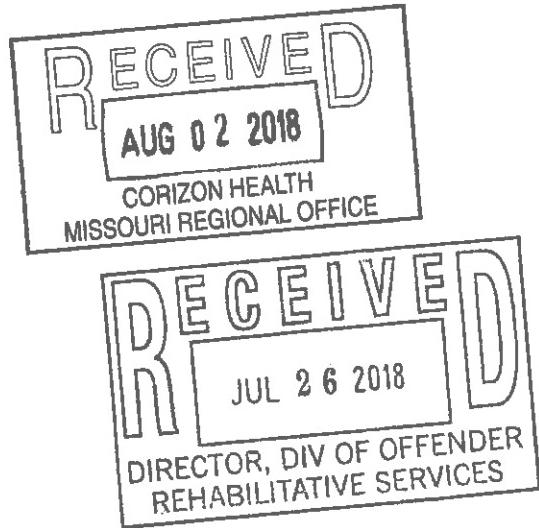
OFFENDER SIGNATURE

B. Williams

DATE

7.23.18

RESPONSE



SIGNATURE

B. Williams

DATE

7.25.18 X

Finalization of this appeal represents exhaustion of this grievance pursuant to federal law, 28 CFRs 40

OFFENDER SIGNATURE

DATE

## OFFENDER GRIEVANCE APPEAL RESPONSE

**TO:** Williams, Regina #86529  
**INSTITUTION:** Chillicothe Correctional Center  
**GRIEVANCE NUMBER:** CCC-18-397  
**DATE OF APPEAL:** July 23, 2018

Your grievance appeal has been received and reviewed. As well, your healthcare record has been reviewed. The purpose of this review is to assure that timely and appropriate healthcare has been provided to you. This assessment of your healthcare needs may differ from your personal desires.

I understand your one original IRR complaint to be you allege that you are not receiving adequate medical care for your complaints of back pain.

Upon review of your healthcare record, grievance records and investigation of your concern, I found that an MRI of the lumbar spine was completed on 3/21/18. There was no spinal cord compression noted in the MRI report. You had a follow-up appointment with the provider on 4/3/18. During this appointment the provider explained that conservative treatment must be trialed prior to invasive treatment. You were encouraged to participate in the plan of care and to follow the physical therapist's recommendations. You were evaluated by physical therapy on 4/12/18. You were provided a home exercise program, which included walking and back strengthening exercises. You had a follow-up with the provider on 5/2/18. During this evaluation you reported that you were doing "much better" with your prescribed medication regimen and that you were planning to begin your home exercise program. The provider noted that you were ambulating. During your most recent provider follow-up on 11/3/18, the provider explained why steroid injections were not indicated for your condition and recommended that you lose weight and increase your physical activity. You are currently enrolled in the chronic care chronic pain clinic; therefore you will be evaluated by a provider on a routine basis.

**Conclusion:** Based on the above information, your grievance appeal is not supported, as outlined above. We rely upon the independent, discretionary medical judgment of the site providers to determine the needed care, medication, and treatment.

This should resolve your grievance. No further action is indicated at this time.

Should your medical condition change, please address any concerns through the sick call process at your facility.

08/02/2018  
Date Received

11/12/2018  
Date of Response

S. Moeller  
S. Moeller

T.K. Bredeman  
Reviewed by/ Date  
T.K. Bredeman, D.O., Assoc Regional  
Medical Director

Cc: File, H.S.A., Medical Director

Replies Welcome 8 wsg MA

cc:  
351 Miller  
Chillicothe Mo letter of

RECEIVED

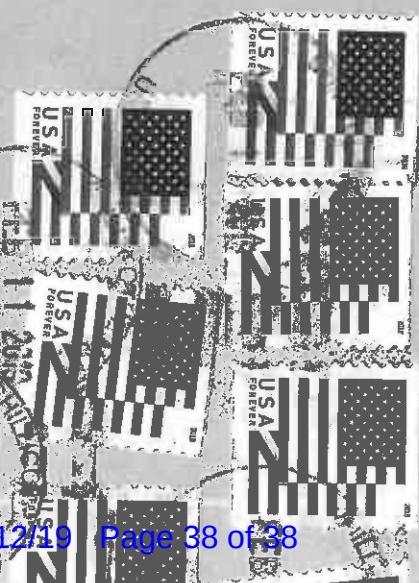
2019 FEB 12 PM 12:43

COURT  
DIST. OF MO.  
KANSAS CITY MO.

REGD

This correspondence is from an offender in the  
custody of the Missouri Department of Corrections.  
The department is not responsible for the contents  
of this correspondence. For information about the  
offender or to verify information about the  
offender, please visit our website at  
[www.mdc.mo.gov](http://www.mdc.mo.gov).

MAILED FROM,  
CHILlicothe  
CORRECTIONAL CENTER



EXPECTED DELIVERY DAY: 02/12/19

USPS TRACKING NUMBER

U.S. District Court  
Office of the Clerk  
1510 Whittaker Court House  
400 E Main Street  
KCMO 64106



PRIORI